

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003952

FILED  
Feb 29, 2012  
Secretary of State

Entity Name: CHESTER ENGINEERS, INC.

**Current Principal Place of Business:**

1555 CORAPOLIS HEIGHTS RD.  
MOON TOWNSHIP, PA 15108

**New Principal Place of Business:**

**Current Mailing Address:**

1555 CORAPOLIS HEIGHTS RD.  
MOON TOWNSHIP, PA 15108

**New Mailing Address:**

FEI Number: 25-1570566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: AGBEDE, ROBERT O  
Address: 1555 CORAPOLIS HEIGHTS RD.  
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: D  
Name: BERKEY, EDGAR PH.D.  
Address: 507 KNIGHT ST. - SUITE A  
City-St-Zip: RICHLAND, WA 99352

Title: D  
Name: SPENCER, GREGORY  
Address: 1020 DEVONSHIRE ROAD  
City-St-Zip: PITTSBURGH, PA 15213

Title: D  
Name: MILES, GEORGE  
Address: 1555 CORAOPOLIS HEIGHTS RD.  
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: SVP  
Name: SUKENIK, WILLIAM P.E.  
Address: 233 PEACHTREE STREET N.E.-STE 2222  
City-St-Zip: ATLANTA, GA 30303 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT O. AGBEDE

PCEO

02/29/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date